

# Image Processing System Evaluation Form

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DIVISION of ARCHIVES &  
**NJDARM**  
RECORDS MANAGEMENT  
www.njarchives.org



This is an application for:

☐ In-house Image Processing

☐ Service Bureau Image Processing

## 1. AGENCY PROFILE (N.J.A.C. 15:3-5.5(e)1):

1.1 Agency (include Department, Division, and/or Bureau when appropriate):

1.2 Address: (include Street Address, City, State and Zip Code):

1.3 Legal Custodian of Records:

1.3.1 Title:

1.3.2 Phone:

1.3.4 e-mail:

1.3.3 Fax:

1.4 Agency Representative (the person responsible for the day-to-day management of the imaging operation):

1.4.1 Title:

1.4.2 Phone:

1.4.4 e-mail:

1.4.3 Fax:

1.5 Agency's Web Site:

## 2. RECORDS MANAGEMENT/INDEXING (N.J.A.C. 15:3-5.5(e)2):

2.1 Approved records retention schedule series and inclusive dates of the public records to be imaged (either list here or attach a highlighted copy of appropriate records retention schedule):

2.2 Are approved routine records disposal methods being used? ☐ Yes ☐ No (If "No" explain why)

2.3 Minimum indexing of the original records management system? ☐ Yes ☐ No  
Further explanation:

2.4 Unit responsible for the management of the image processing system:

## 3. FEASIBILITY STUDY/REQUEST FOR PROPOSAL (N.J.A.C. 15:3-5.5(e)3):

3.1 Was a feasibility study conducted for system selection? ☐ Yes ☐ No  
(If "Yes" please attach documentation)

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3.2 Was a Request for Proposal (RFP) prepared for system selection? ☐ Yes ☐ No  
(If "Yes" please attach documentation)

### 4. SYSTEM CONFIGURATION & DOCUMENTATION (N.J.A.C. 15:3-5.5(e)4 & 8):

(This section may either be completed here or with appropriate documentation attached as an appendix):

4.1 **Image Processing System Policies & Procedures Manual** (This manual may include information highlighted on this application form, as well as addressing workflow; this does not have to be remitted with this application, but must be available for review during the site visit): ☐ Yes ☐ No

4.2 **System Architecture:** ☐ Open w/customization at Application Program Interface (API) level  
☐ Closed/Proprietary (If closed, agency **MUST** have an agreement to escrow source code)

4.3 **Hardware (include manufacturer and model #)**

**Scanning:**

☐ Server or Mainframe:  
☐ Desktop PC's:  
☐ LAN:  
☐ SAN:  
☐ NAS:  
☐ Scanner(s):

**Retrieval:**

☐ Server or Mainframe:  
☐ Desktop PC's:  
☐ LAN:  
☐ SAN:  
☐ NAS:  
☐ WAN:

4.4 **Software:**      Operating System:  
                         Capture:  
                         Database(s):  
                         Retrieval:

4.5.1 **Backup media:**      ☐ Optical Disk (WORM)      ☐ CD  
                                 ☐ Tape      ☐ DVD

4.5.2 **Additional backup media for records w/retention  $\geq 10$  Years:**      ☐ Archival Microfilm  
                                 ☐ Original Documents

4.6 **Utilizing the Tagged Image File Format (TIFF Group III or Group IV):**      ☐ Yes ☐ No  
(If "No" explain why)

4.7 **Scan DPI:**      ☐ 200dpi black & white (minimum for small format documents)  
                         ☐ 300dpi black & white (minimum for large format documents)  
                         ☐ Other:

## 5. QUALITY CONTROL (N.J.A.C. 15:3-5.5(e)4viii & ix):

(Every image MUST be visually inspected)

5.1 Scanned Images Log (mandatory): ☐ Yes ☐ No

5.2 Hardware/Software Error Log (mandatory): ☐ Yes ☐ No

5.3 Additional quality control procedure:

## 6. DATA MIGRATION (N.J.A.C. 15:3-5.5(e)7):

6.1 Data Migration Statement attached? ☐ Yes ☐ No

(An agency needs a strategy for making certain that documents that are imaged today will be accessible, retrievable, and readable in the future - further information is available at [www.njarchives.org/links/imgcertification.html#dm](http://www.njarchives.org/links/imgcertification.html#dm))

## 7. DISASTER PREVENTION/RECOVERY (N.J.A.C. 15:3-5.5(e)5 & 6):

(A written Disaster Prevention/Recovery Plan is required)

7.1 Disaster Prevention/Recovery Plan attached? ☐ Yes ☐ No

7.2 Disaster Prevention/Recovery Plan Test Cycle: ☐ Monthly ☐ Annual ☐ Other:

7.3 Offsite Storage Location(s) for backup media (hardcopy, optical disk, magnetic tape, microfilm, etc. This site should be at least 5 miles from the image processing system):

7.4 Backup Cycle: ☐ Daily ☐ Weekly  
☐ Monthly ☐ Annually  
Additional explanation:

7.5 Backup media refresh rate: ☐ Annual ☐ Other:

7.6 Disaster Recovery Site: ☐ Hot Site Location:  
☐ Cold Site Location:

7.7 Backup for imaged long term and/or permanent records:  
☐ Archival Microfilm  
☐ Original Documents

## 8. VENDOR INFORMATION & SUPPORT (N.J.A.C. 15:3-5.5(e)9):

8.1 Technical Support: Hardware: ☐ Vendor ☐ Other:

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8.2 Training:                      Software:    \_\_Vendor    \_\_Other:  
   Hardware:    \_\_Vendor    \_\_Other:  
   Software:    \_\_Vendor    \_\_Other:

8.3 Software Upgrade:            \_\_Vendor    \_\_Other:

8.4 Vendor:

8.5 Representative:

8.5.1 Representative's Title:

8.5.2 Address:

8.5.3 Phone:

8.5.4 Fax:

8.5.5 Representative's e-mail:

8.6 Web Site:

### 9. AGENCY VERIFICATION (N.J.A.C. 15:3-5.5(e)10):

I hereby certify that the documentation listed on and/or attached to this *Imaging System Evaluation Form* is a true and an accurate reflection of the agency's image processing system upon this date.

However, I understand that any future changes to the imaging system will require the submission of an *Image Processing System Annual Renewal Form* to the State of New Jersey Department of State, Division of Archives and Records Management and the State Records Committee for review for system compliance.

\_\_\_\_\_  
Signature: Legal Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Agency Representative (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Vendor's Representative (optional)

\_\_\_\_\_  
Date

*For questions or further assistance, contact:*

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